

# Appendix C:



Homeland Security

## Family Communications Plan

Your family may not be together when disaster strikes, so plan how you will contact one another and review what you will do in different situations.

|                                  |                         |
|----------------------------------|-------------------------|
| Out-of-State Contact Name: _____ | Telephone Number: _____ |
| Email: _____                     | Telephone Number: _____ |

Fill out the following information for each family member and keep it up to date.

|                      |                                      |
|----------------------|--------------------------------------|
| Name: _____          | Social Security Number: _____        |
| Date of Birth: _____ | Important Medical Information: _____ |
| Name: _____          | Social Security Number: _____        |
| Date of Birth: _____ | Important Medical Information: _____ |
| Name: _____          | Social Security Number: _____        |
| Date of Birth: _____ | Important Medical Information: _____ |
| Name: _____          | Social Security Number: _____        |
| Date of Birth: _____ | Important Medical Information: _____ |
| Name: _____          | Social Security Number: _____        |
| Date of Birth: _____ | Important Medical Information: _____ |
| Name: _____          | Social Security Number: _____        |
| Date of Birth: _____ | Important Medical Information: _____ |

**Where to go in an emergency.** Write down where your family spends the most time: work, school and other places you frequent. Schools, daycare providers, workplaces and apartment buildings should all have site-specific emergency plans.

|   |  |
|---|--|
| <p><b>Home</b><br/>                 Address: _____<br/>                 Phone Number: _____<br/>                 Neighborhood Meeting Place: _____<br/>                 Regional Meeting Place: _____</p> | <p><b>Work</b><br/>                 Address: _____<br/>                 Phone Number: _____<br/>                 Evacuation Location: _____</p>                      |
| <p><b>School</b><br/>                 Address: _____<br/>                 Phone Number: _____<br/>                 Evacuation Location: _____</p>   | <p><b>Work</b><br/>                 Address: _____<br/>                 Phone Number: _____<br/>                 Evacuation Location: _____</p>                      |
| <p><b>School</b><br/>                 Address: _____<br/>                 Phone Number: _____<br/>                 Evacuation Location: _____</p>   | <p><b>Other place you frequent:</b><br/>                 Address: _____<br/>                 Phone Number: _____<br/>                 Evacuation Location: _____</p> |
| <p><b>School</b><br/>                 Address: _____<br/>                 Phone Number: _____<br/>                 Evacuation Location: _____</p>   | <p><b>Other place you frequent:</b><br/>                 Address: _____<br/>                 Phone Number: _____<br/>                 Evacuation Location: _____</p> |

| Important Information           | Name | Telephone # | Policy # |
|---------------------------------|------|-------------|----------|
| Doctor(s):                      |      |             |          |
| Other:                          |      |             |          |
| Pharmacist:                     |      |             |          |
| Medical Insurance:              |      |             |          |
| Homeowners/Rental Insurance:    |      |             |          |
| Veterinarian/Kennel (for pets): |      |             |          |


Other useful phone numbers: **9-1-1 for emergencies.** Police Non-Emergency Phone #: \_\_\_\_\_



Every family member should carry a copy of this important information:

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Other Important Phone Numbers & Information:

 **Family Communications Plan**

Contact Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Out-of-State Contact Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_


Neighborhood Meeting Place: \_\_\_\_\_  
Meeting Place Telephone: \_\_\_\_\_

***Dial 9-1-1 for Emergencies!***

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Other Important Phone Numbers & Information:

 **Family Communications Plan**

Contact Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_


Out-of-State Contact Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Neighborhood Meeting Place: \_\_\_\_\_  
Meeting Place Telephone: \_\_\_\_\_

***Dial 9-1-1 for Emergencies!***

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Other Important Phone Numbers & Information:

 **Family Communications Plan**

Contact Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Out-of-State Contact Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_


Neighborhood Meeting Place: \_\_\_\_\_  
Meeting Place Telephone: \_\_\_\_\_

***Dial 9-1-1 for Emergencies!***

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Other Important Phone Numbers & Information:

 **Family Communications Plan**

Contact Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Out-of-State Contact Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Neighborhood Meeting Place: \_\_\_\_\_  
Meeting Place Telephone: \_\_\_\_\_

***Dial 9-1-1 for Emergencies!***

